
Name

Address

City State Zip Code

Phone Number

Name

Address

City State Zip Code

Phone Number

CO-PETITIONERS PRO SE

**MONTANA TWENTY-FIRST JUDICIAL DISTRICT COURT
RAVALLI COUNTY**

In re the Parenting of: _____

minor child(ren);

_____,
Co-Petitioner,

and

_____,
Co-Petitioner.

Cause No.: _____

Department No.: _____

**JOINT PETITION FOR
ESTABLISHMENT OF
PERMANENT PARENTING PLAN**

1. Information about Mother

- a. Name: _____
- b. Age: _____
- c. Address: _____
City: _____ State: _____ County: _____
- d. Length of Residence in County: _____
- e. Length of Residence in Montana, if applicable: _____
- f. Occupation: _____

2. Information about Father

- a. Name: _____
- b. Age: _____
- c. Address: _____
City: _____ State: _____ County: _____
- d. Length of Residence in County: _____
- e. Length of Residence in Montana, if applicable: _____
- f. Occupation: _____

3. Relationship

The parties were never married.

4. Pregnancy Choose One:

- ☐ The Mother is not pregnant.
- ☐ The Mother is pregnant. However, the Father is not the father of the child she is carrying, and the child is not at issue in this proceeding.
- ☐ The Mother is pregnant. The Father is the father of this child.

5. Identification of the Child(ren) of the Parties:

Legal Name (first, middle, last)	Current Address	M/F	Age

If needed, attach additional sheets as Exhibit _____.

6. Jurisdiction over the Child(ren)

This Court has jurisdiction to make a parenting determination regarding the minor child(ren) listed above. Choose One:

- ☐ The child(ren) has/have lived in Montana for at least six consecutive months immediately before the start of this proceeding. If a child is less than six months old, the child has lived in Montana since his/her birth.
- ☐ Montana was the home state of the child(ren) within six months of the start of this proceeding, and one parent continues to reside in Montana.
- ☐ The child(ren) and one parent have had significant connections to Montana, and substantial evidence about them is available here.

- ☐ The child(ren) is/are physically present in Montana, and the child(ren) has/have been abandoned or an emergency exists requiring the child(ren)'s protection.

7. Required Information Regarding the Child(ren)

This proceeding will affect the custody of the minor child(ren) of the marriage. The following information is required by M.C.A. § 40-7-110:

- a. During the last five years, the child(ren) have lived at the following places with the following persons. *List each place the child(ren) have lived, the dates the child(ren) lived there, and all person(s) with whom the child(ren) lived and current address:*

Address (City/State)	Dates	With Whom/Relation/Current Address

If needed, attach additional sheet(s) as Exhibit ____.

- b. Choose One:

☐ I have not participated as a party or witness or in any other capacity in any other proceeding concerning the custody of or visitation with the child(ren).

☐ I have participated as a ☐ party/ ☐ witness / ☐ other:
_____ in another proceeding concerning the custody of the child(ren).

Court: _____ Case No.: _____

Date of Child Custody Determination: _____.

If needed, attach additional sheet(s) as Exhibit ____.

- c. Choose One:

- ☐ I know of no other proceeding that could affect the current proceeding.
☐ The following proceeding could affect the current proceeding:
Nature of Proceeding: _____
Court: _____ Case No.: _____
If needed, attach additional sheet(s) as Exhibit ____.

d. Choose One:

- ☐ I know of no other person (not a party to this action) that has physical custody of the child(ren), or who claims rights of legal custody, physical custody or visitation with the child(ren).
☐ The following person(s) have physical custody of the child(ren) or claim rights of legal custody, physical custody or visitation with the child(ren):

8. Parenting Plan

It is in the best interest(s) of the minor child(ren) that the Court adopt the Co-Petitioner's Proposed Parenting Plan, filed separately from this Petition.

9. Child Support Order Choose One:

a. Choose **only one of the following that applies:**

1. ☐ The parties request to share EQUALLY in providing for the financial support of the children and therefore no child support is required under the Child Support Guidelines.
2. ☐ The parties request that child support be required in the amount of \$_____ per month per child.

☐ Father shall pay to Mother ---- OR ----

☐ Mother shall pay to Father

the sum of \$_____ per month per child for the support of their children, which payment meets or exceeds the amount required according to the Child Support Guidelines, to be paid directly to:

☐ The Other Party

☐ The Clerk of District Court

and shall be due and payable on the _____ day of each month, commencing on _____, 20____. Child support should continue for the children until they reach the age of 18, or graduate from high school (continuous enrollment presumed), whichever last occurs, or until the children are otherwise emancipated, but in no event beyond their 19th birthday.

3. ☐ Child support in the amount of \$_____ per month per child has been ESTABLISHED by the Montana Child Support

Enforcement Division or another appropriate administrative agency or court. A copy of the Order is attached hereto as Exhibit ____.

4. [] The parties require ASSISTANCE to calculate an appropriate child support amount.
- b. The Co-Petitioners request that the following warning be included in the Final Child Support Order:

WARNING: If a parent is delinquent in payments, that parent's income may be subject to income withholding procedures under MCA Title 40, Chapter 5, without need for any further action by the Court. Support is delinquent when it is 8 days overdue.

- c. Whenever the case is receiving services under Title IV-D of the Social Security Act (Govt. financial assistance), support payments must be paid through the Department of Public Health and Human Services Child Support Enforcement Division as provided in M.C.A. § 40-5-909.
- d. This order is subject to review and modification by the Department of Public Health and Human Services upon the request of the Department or a party under M.C.A. §§ 40-5-271 through 40-5-273, when the Department is providing services for enforcement under Title IV-D of the Social Security Act (Govt. financial assistance).
- e. The obligations to provide financial child support, provide medical care for a child, and provide or comply with parenting arrangements shall be independent of each other, and the failure or inability to provide one or more shall not reduce any other obligation.
- f. Each party should promptly inform the Court of any changes in the following information:
- (1) Name, social security number, mailing address, residential address, telephone number, and driver's license number; and
- (2) Names, addresses, and telephone numbers of current employers
- g. The Co-Petitioners request that the following warning be included in the Final Child Support Order:

WARNING: In any subsequent child support enforcement action, on sufficient showing of

diligent efforts to locate the party, due process requirements for notice and service may be met by delivering written notice by regular mail to the last address of the party or the party's employer reported to the Court.

10. Medical Support Order Choose One:

- ☐ A Medical Support Order has been established by the Montana Child Support Enforcement Division or another appropriate administrative agency or court. A copy of the Order is attached hereto as Exhibit _____. (*Skip to Number _____.*)

or

- ☐ Medical support is needed to cover the medical and dental expenses of the minor child(ren) of the parties. The Co-Petitioners request that the Court adopt the following Medical Support Order:

Existing Coverage -- Choose All That Apply:

- ☐ The child(ren) are presently covered under the following insurance plan:

Carrier Name: _____

Policy No.: _____

The ☐ Mother ☐ Father shall continue to provide medical coverage through the plan as long as it is available at a reasonable cost, and as long as no other plan or individual insurance is available that will better serve the interests of the parties.

- ☐ The child(ren) are recipient(s) of medical assistance under Title XIX of the federal Social Security Act (Medicaid).

- ☐ The child(ren) are not covered under an existing insurance plan.

Contingency Medical Support

If the minor child(ren) are either (i) covered by Medicaid, (ii) are not covered under an existing insurance plan, or (iii) if the existing coverage becomes no longer available, the following provisions shall apply:

- a. The Mother shall provide medical coverage through individual insurance or a health benefit plan for the child(ren), as long as it is available at reasonable cost, and as long as no other plan or individual insurance is available that will better serve the interests of the parties.
- b. The Father shall provide medical coverage through individual insurance or a health benefit plan for the child(ren), as long as it is available at reasonable cost, and as long

as no other plan or individual insurance is available that will better serve the interests of the parties.

- c. If health benefit plans are available to both parties at a combined cost that is reasonable or cost-beneficial and with benefits that are complementary or compatible as primary and secondary coverage, both parties shall provide coverage for the child(ren).
- d. Coverage is presumed to be available at reasonable cost if the cost of premiums does not exceed 25 percent of the obligated party's total child support obligation when calculated under the child support guidelines without credit for the medical support obligation.
- e. If circumstances change and a party believes that corresponding changes in cost are not reasonable or cost-beneficial, the party may move to petition any appropriate tribunal for relief.

Duties of the Parties

- a. The Mother shall be responsible for ____% and the Father shall be responsible for ____% of all medical expenses of the minor child(ren), including the costs of the premium for coverage, all co-payments and deductibles required for coverage, and any uncovered medical expenses.
- b. Each party shall promptly execute and deliver to the insurance provider all forms necessary to ensure the child(ren)'s continuous participation in insurance coverage. Each party shall timely submit claims for processing, verification, and payment. Each party shall provide the other party with identification cards or other methods for access to coverage.
- c. If a party receives a reimbursement but did not pay the underlying bill, that party shall promptly pay over the proceeds to the proper party.
- d. If the party responsible for providing medical insurance coverage for the child(ren) allows such coverage to lapse without securing a comparable replacement, that party shall be liable for all the child(ren)'s medical expenses and shall indemnify the other party, the Department of Public Health and Human Services, or any third-party custodian for the cost of obtaining medical coverage and medical expenses.
- e. Any liability for unpaid medical costs and expenses may be entered as a judgment for unpaid support against the obligated party. A party may apply to the Court for expedited enforcement procedures.
- f. If an obligated party fails to pay a required premium, the other parent, the Department of Public Health and Human Services, or the custodian may advance the cost of premiums and keep benefits continually in force for the child. The advance should be entered as a judgment for unpaid child support in favor of the advancing party and against the obligated parent.

- g. The obligation to provide medical coverage for the child(ren) ceases only when the child support obligation ceases.
- h. The costs of providing individual insurance or a health benefit plan may not be used as a direct offset to the child support obligation. However, as provided by the child support guidelines, the costs may be considered in making or modifying a child support order.
- i. Each party shall promptly inform the Court of any changes in the following information:
 - (1) If the child(ren) are covered by a health or medical insurance plan, the name of the plan, the policy identification number, and the name(s) of the person(s) covered;
 - (2) If the child(ren) are not covered by a health or medical insurance plan, whether health insurance coverage for the child(ren) is available through the party's employer or other group, and if so, whether the employer or other group pays any portion of the coverage premium.
- j. A civil penalty not to exceed \$25 per day may be imposed for an intentional violation of this medical support order or the provisions of M.C.A Title 40, Chapter 5, Part 8 or the regulations promulgated under that Part.
- k. The Co-Petitioners request that the following warning be placed in the Final Child and Medical Support Orders:

WARNING: The obligations to provide medical care, provide financial child support, and provide or comply with visitation and custody arrangements are independent of each other, and the failure or inability to provide one or more does not reduce any other obligation.

- 11. Notice to the Department of Public Health and Human Services** Choose One:
- ☐ The Department of Public Health and Human Services is not providing services to the parties or minor child(ren) of the parties under the provisions of Title IV-D of the Social Security Act (Govt. financial assistance).
 - ☐ The Department of Public Health and Human Services is providing services to the parties or minor child(ren) of the parties under the provisions of Title IV-D of the Social Security Act (Govt. financial assistance). The Co-Petitioners will notify the Montana Child Support Enforcement Division and the Office of the Attorney General of this proceeding.

[] Not applicable. The Co-Petitioners are not seeking to establish, enforce, or modify the parties' previously established child support order.

12. Other Provisions: _____

WHEREFORE, the Co-Petitioners request as follows:

1. That this Court adopt the Proposed Joint Parenting Plan, filed separately from this Petition;
2. That a Child Support Order be established, if requested above;
3. That a Medical Support Order be established, if requested above;
4. Other Provisions: _____
_____; and
5. For such other and further relief as the Court deems just and proper.

DATED this _____ day of _____, 20____.

Mother - Co-Petitioner Pro Se

STATE OF MONTANA)
) ss
COUNTY OF _____)

The undersigned, being first duly sworn on oath, says that she is a Co-Petitioner in the above-entitled proceeding; that she has read the foregoing Petition and knows the contents thereof; and that the matter, facts and things stated therein are true to the best of her knowledge and belief.

Mother - Co-Petitioner Pro Se

SUBSCRIBED AND SWORN to before me this _____ day of _____,
20_____.

(Seal)

Notary Public for the State of Montana.
Residing at _____
My Commission Expires _____

Father - Co-Petitioner Pro Se

STATE OF MONTANA)
) ss
COUNTY OF _____)

The undersigned, being first duly sworn on oath, says that he is a Co-Petitioner in the above-entitled proceeding; that he has read the foregoing Petition and knows the contents thereof; and that the matter, facts and things stated therein are true to the best of his knowledge and belief.

Father - Co-Petitioner Pro Se

SUBSCRIBED AND SWORN to before me this _____ day of _____,
20____.

(Seal)

Notary Public for the State of Montana.
Residing at _____
My Commission Expires_____